		NDIDATE / OFFI		9ER 41	26	FORM COVER SHE	JC/OH EET PG 1
The	a JC/OH INSTRUCTION GUI	os explains how to complete t		ACCOUNT# (Ethics Commissio	n filers)	2 Total pages filed	,
	CANDIDATE /	TITLE FIR	ST		Mi	OFFICE U	SE ONLY
	OFFICEHOLDER NAME	MY JOH		C. F	SUFFIX	Date Received	Jut
	•	DRO	LLA	J	rs .		- "
4	CANDIDATE / OFFICEHOLDER ADDRESS	2005 South	-	state. nyon Ro	ZIP CODE		10 33 TT
	Change of Address	Austin, Tex	25 787	46		*	ヨラ
5	CAMPAIGN	TITLE FIF	RST		MI	Receipt #	85
	TREASURER NAME	Mr Erne	ST	<u>C</u> :	SUFFIX	HD / PM Date Processed	Amount
		Gare	ia			Date Imaged	
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEX 5204 Kita Austin, Texas	Trail Dr	ive	STATE.	ZIP CODE	
7	CAMPAIGN	AREA CODE PHONE NU	IMBER	EXTENSIO	N		
	TREASURER PHONE	(512) 338-	9425				
8	REPORT TYPE	January 15 30tr	i day before election	Runoff		15th day after car appointment (office	
		July 15 ath	day before election	Exceeded	1 \$500 limit	Final report (Attac	л JC/OH - FR)
9	PERIOD COVERED	Month Day Year / 16 / 98	THROUG	Mon 5H 7	n Day	/98 	
10	ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE				
		11/3/98	Primary	Runoff		General	Special
11	OFFICE	OFFICE HELD (flany)			OUGHT (# Know	n st Judicial	District
13	DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditure Candidates are required to disc.	es are campaign ex lose this information	penditures made by n only if they receiv	others without e notification o	the candidate's prior of the direct campaign	consent or approval expenditure
	BY OTHER INDIVIDUALS	Name					
	NA	Aggress / PO Box Apx / Suite #	Caty State Zx	o Coœ			
	additional pages						
			GO TO P	AGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

(512) 463-5800

TOHN C.	D. DROL	1	5 ACCOUNT # (Ethics Commission filers)			
16 SUPPORTING POLITICAL COMMITTEE(S)	POLITICAL may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS ,				
	SPEUPR	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	-	COMMITTEE CAMPAIGN TREASURER ADDRESS				
TOTALS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ _ C _			
		POLITICAL CONTRIBUTIONS THAN PLEDGES: LOANS, OR GUARANTEES OF LOANS)	\$ 2,335.60			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LES		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	\$ C			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,132.88			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E REPORTING PERIOD	\$ 2,370,73			
OUTSTANDING LOAN TOTALS						
18 AFFIDAVIT			of perjury, that the accompanying report			
		me under Title 15, Election Code.				

×

REBECCA A. FRITZ MY COMMISSION EXPIRES March 19, 2002 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworm to and subscribed before me, by the said WNN C.D. Dr. Dla, 97 this the 16th day of 19

Signature of officer administering 6a)n

Rebecca Fritz

Actury Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	(JUDICIAL)

SCHEDULE A (J)

		·		
The Instruction	Guipe explains how to complete this form.	1 Total pages Scher	dule A(J):	
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
JOHN	C. D. DBOLLA, JB.			•
4 Date	5 Full name of contributor	Dut of State PAC	7 Amount of	8 In-kind contribution
15JAN98	Terry L. Belt 6 Contributor address: City: State: Zip Code 9130 Jolleyville Road, Suite 25 Austin, Texas 78759	 うひ	Contribution (\$) 料25,00	description(if applicable)
9 Contributors p	rincipal occupation γγε√	10 Contributors job Attorney		
11 Contributor's e	mployer/law firm	12 Law firm of contr		ny)
	Practitioner			
13 if contributor is	a child, law firm of parent(s) (if any)	•		•
Date	Full name of contributor	Dut of state PAC	Amount of	In-kind contribution
86 NBC02	James W. Gecrose contributor address: City: State: Zip Code 1504 West Avenue Austin, Texas 78701		# /5-0.00	description(if applicable) .
	rincipal occupation	Contributor's job title		
Attorno	employer/law firm	(H HOVNE)		>
	zetitioner	Law firm of contributor's spouse (if any)		
	a child, law firm of parent(s) (if any)			· · · · · · · · · · · · · · · · · · ·
			T	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
SBJ#N98	Drent Stahl Contributor address: City: State: Zip Code 5910 Painted Valley Drive		\$60.00	
	Austin, Texas 78759			
Contributor's o	ringipal occupation	Contributor's job	title	:
Attory		Attornes		
Contributor's e	employer/law firm Martenst Bernal	Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			
				· · · · · ·

PLEDGE	ED CONTRIBUTIONS (JUDICIAL)		- s	CHEDULE B (J)	
The INSTRUCT	ON Guide explains how to complete this form.		1 Total pages Sche	edule B(J):	
FILER NAM			3 ACCOUNT # (Ethics Commission filers)		
	N C. D. DRCLLA, JR LOFUNITEMIZED PLEDGES: ⇒	0 D	\$ \$	\$	
6 Date	6 Full name of pledgor None 7 Pledgor address; City; State; Zip Co	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10 Pledgor's pr	incipal occupation	11 Pledgor's job til	tie		
12 Pledgor's employer/law firm 13 Law firm of p			dgor's spouse (if any)	
4 If pledgor is	a child, law firm of parent(s) (if any)				
Date ,	Full name of pledgor Pledgor address: City, State; Zip Cod	out of state PAC	Amount of pledge (\$)	in-kind description (if applicable)	
Pledgor's pr	incipal occupation	Pledgors job ti	tie		
Pledgor's er	mployer/law firm	Law firm of ple	dgor's spouse (if any	7)	
If pledgor is	a child, law firm of parent(s) (if any)			·	
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Cod			 	
Pledgor's pi	rincipal occupation	Pledgor's job t	itle		
Pledgor's e	mployer/law firm	Law firm of ple	edgor's spouse (if an	y)	
If pledgor is	a child, law firm of parent(s) (if any)				
If cor	ATTACH ADDITIONAL COP			ting requirements.	

SCHEDULE A (J)

The Instruction	N Guios explains how to complete this form.		1 Total pages Sche	oule A(J):
2 FILER NAME	=		3 ACCOUNT # (Et	ncs Commission (ilers)
せった	J C. D. DROLLA, IA			
		Out of state PAC	7 Amount of contribution (5)	8 In-kind contribution description(if applicable)
3 FEB 98	John Berryman 6 Contributor address: City: State: Zip Code 844 West Price Road Brownsuille, Texas 78520		#250.00	
9 Contributor's	principal occupation	10 Contributor's job	title	
11 Contributor's	employer/law firm	12 Law firm of contr	ributor's spouse (if a	iny) ,
13 If contributor (s a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	W. Scott Norman Jr		(0,	1
2 FEB98	Contributor address: City: State: Zip Code		\$25,00	
Contributor's	principal occupation	Contributor's job	title	1
	2 Breker	Montsoge		
i .	employer/law firm	Law firm of contr	nbutor's spouse (if	any)
Westar	Mortsage	<u> </u>		
If contributor	is a child, law firm of parent(s) (if any)			· -
Date	Full name of contributor Gary Johnson Contributor address: City: State: Zip Code	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
9 FEB98	Contributor address: City: State: Zip Code	•	500.00	İ
	Dallas, Texas 75244			1
Contributor's	principal occupation	Contributor's job	title	<u></u>
Invest		Investor		·
			Indutor's spouse (if	any)
	is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

(000.0)					
The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME	=		3 ACCOUNT # (Eth	3 ACCOUNT # (Ethics Commission filers)	
JOHN (C. D. DROLLA, JR				
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of	8 In-kind contribution	
16 FEB98	Thomas N. Cockburn 6 Contributor address; City: State: Zip Code P. G. BC + 253 1 Acstin, Texas 78768-25.	31	\$ / 00, 00	description(if applicable)	
9 Contributor's p	principal occupation	10 Contributor's job	trtie		
Atterne		Attorner	}		
11 Contributor's employer/law firm Me Elroy, Sullivan, Ryant Miller, LLP					
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution description(if applicable)	
	Mike Con.		contribution (\$)	description(it applicable)	
10 FEB98	Contributor address: City: State: Zip Code P. O. Box 166696		\$50.00		
	Austin, Texas 78716	•		t 1	
Contributor's	principal occupation .	Contributors job	title		
Contributor's	employer/law firm	Law firm of cont	inbutor's spouse (if a	any)	
If contributor i	s a child, law firm of parent(s) (if any)		**		
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
11 <i>FEB</i> 98.	James Noble Johnson Contributor address: City: State: Zip Code P. O. Box 26274	•	\$ 100.00	 	
	Contributor's principal occupation Contributor's principal occupation Attorney				
Contributor's	employer/law firm Httschen (2+time of Contribution)		Law firm of contributor's spouse (if any)		
	is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Effective 09/01/1997)

SCHEDULE	A	(\mathbf{J})
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The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A(J):
2 FILER NAME	•		3 ACCOUNT # (Eth	ics Commission (ilers)
JOHN	C. D. DROLLA, JA			
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
24 FEB96	Gilbert M. Denman, Jr 6 Contributor address: City: State: Zip Code 711 Navarro St, Suite 535 San Antonic, Texas 178205	·	#/00.00	
	principal occupation	10 Contributors job		
11 Contributor's employer/law firm Den man + Den man				iny) ,
13 if contributor is	s a child, law firm of parent(s) (if any)	•	-	
Date		out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
26 FEB98	Contributor address: City: State: Zip Code 231 Encine Avenue	÷ή	\$100-00	
Contributor's	San Antoni & Texas 78269	Contributor's job	title	
ttom	e maker			
Contributor's	employer/law firm	Law firm of cont	ributor's spouse (if a	any)
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Cecile P. Laves	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
EMAR98.	Contributor address: City: State: Zip Code 2962 Willow bridge Circle Austin, Texas 78703		72 oc. 00	[[
1	principal occupation maKeV	Contributor's job) title	
	employer/law firm	Law firm of cont	Inbutor's spouse (if	arry)
If contributor	is a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	idule A(J):
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
NHOT	C. D. DROLLA, JR			•
4 Date	5 Full name of contributor Jim Hartnett, Jr	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
27JAN 98	6 Contributor address: City: State: Zip Code 49 QU Thanks Stuting Tower 1601 Elm Street Dallas, Texas 75201		\$100.00	! ! !
	rincipal occupation	10 Contributor's job		
11 Contributor's e	malayer/law firm	Attorne		
The H	arnett Law Firm	12 Law firm of conti	nbutors spouse (if a	iny)
13 If contributor is	a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Gerald T. Danahertn		(4)	i description(ii application)
307AN98	Gerald T. Daugherty Contributor address: City: State: Zip Code 1115 Elm Street	• • • • • • • • • • • • • • • • • • • •	\$50.00]
	Austin, Texas 78703			
Contributor's p	principal occupation	Contributors job	title	
	Ualley Sports Compley	Law firm of contributor's spouse (if any)		
	s a child, law firm of parent(s) (if any)	<u>' </u>		
Date	Full name of contributor		Amount of	
. Jake		Out of state PAC	contribution (\$)	In-kind contribution description(if applicable)
2 PEB9 &	Contributor address: City: State: Zip Code	•••••	\$ 15.00	-
	Austin Texas 78757-44	46.		
Contributor's	principal occupation	Contributor's job	title	<u></u>
Retri				·
Contributor's	employer/law firm	Law firm of con	tributor's spouse (if	any)
If contributor i	s a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

(
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)	
JCHN	C. D. DAGLLA, JR				
4 Date	_	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
257771198	Lonny F. Zwienen 6 contributor address: City: State: Zip Code 3404 Taylors Drive Husting Texas 78703		\$25.00		
9 Contributor's principal occupation Afterney Afterney 10 Contributor's Afterney					
11 Contributor's e		12 Law firm of conti		ny)	
	s a child, law firm of parent(s) (if any)	•			
Date	Blythe E. Jewell	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
3PJAK98	Contributor address: City: State: Zip Code 13263B Saxby: Court Austin, Texas 78729		\$10.00		
	orincipal occupation	Contributors job			
Contributor's	employer/law firm 1 Training Services, Inc.	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date .	Full name of contributor Elbert L. Reed	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
28JIN 98.	Contributor address: City: State: Zip Code 1845 Bagpipe Way San Jose, California 9572		\$100.00	 	
	principal occupation on Fer Youth	Contributors joi	o title		
Contributors	employer/law firm & Community Chitreach	Law firm of con	triputor's spouse (if :	any)	
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	hamai '	
2 FILER NAME	_		3 ACCOUNT # (Et	nes Commission filers)	
JOHN (C. D. DROLLA, JA				
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of	8 In-kind contribution	
22JAW88	Charles Alan Wright 6 Contributor address: City: State: Zip Code 727 E. 26th Street Austin, Texas 72765		# 50,00	description(if applicable)	
9 Contributors o	Principal occupation	10 Contributor's job	title	<u> </u>	
haw Pr		Law Prof			
11 Contributor's e	employer/law firm	12 Law firm of contr		iny)	
	chool of Law	<u></u>			
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution	
27JAW98	Duight Thompson contributor address: city: State: Zip Code 1230 Yapon Valley Austin, Texas 78746		\$ 25,00	description(if applicable) .	
Contributor's p	principal occupation	Contributor's job	title	·	
	employer/law firm	Law firm of cont	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	1			
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution	
	COL E. W. Austin , Ret . Contributor address: City: State: Zip Code		contribution (\$)	description(if applicable)	
8PMATTS	3505 Arnowhead Drive	·	\$100.00	1	
	Austin, Texas 78731-48	કુંદ		1	
	principal occupation	Contributors job	title :		
	vnev	Atterney	leibude de les la		
	Practioner	Law nim of con	tributor's spouse (if	any)	
	s a child, law firm of parent(s) (if any)				

SCHEDULE A (J)

Date 5 Full not be seen to be se	v firm On Á	10 Contributor's joint of the contributor's joint of state PAC	contribution (\$)	8 in-kind contribution description(if applicable)		
Date 5 Full not be seen to be se	outor address: City: State: Zip Co West 17th Street Sc My Texas 78701 Supation w firm on 6 w firm of parent(s) (if any)	10 Contributor's job Attorney 12 Law firm of con	contribution (\$) \$\mathcal{S}/COCC} b title Intributor's spouse (if an armount of	description(if applicable)		
Contributor's principal of Attornes 1 Contributor's employer/la Sole Phactit 3 If contributor is a child, la Date Full in Contributor's principal of Contributor's employer/la If contributor is a child, la	v firm প firm প firm of parent(s) (if any) ame of contributor	12 Law firm of con	ntributor's spouse (if ar	In-kind contribution		
1 Contributor's employer/la Sole Practit 3 If contributor is a child, la Date Full in Contri Contributor's principal of Contributor's employer/la If contributor is a child, la	. (ମ ର୍ବ w firm of parent(s) (if any) ame of contributor	out of state PAC	Amount of	In-kind contribution		
Date Full n Contributor's principal oc Contributor's employer/la	w firm of parent(s) (if any) ame of contributor	••••••				
Contributor's principal oc Contributor's employer/la		••••••				
Contributor's employer/la						
If contributor is a child, la	cupation	b title				
	w firm	Law firm of cor	ntributor's spouse (if a	ny)		
Date Full n	If contributor is a child, law firm of parent(s) (if any)					
Contr	ame of contributor butor address: City: State: Zip C	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
Contributor's principal of	cupation	Contributors jo	ob title			
Contributor's employer/la	Law firm of co	ntributor's spouse (if a	iny)			
If contributor is a child, I	w firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commissio	n P.O. Box 12070 Austin, Texas 78	711-2070	(512)	463-5800	1-800-325-850
LOANS (J	IUDICIAL)		•	SCHEDULE	E (J) ·
The Instruction Guil	DE explains how to complete this form.		1 Total pages Sch		
2 FILER NAME			3 ACCOUNT # (E	thics Commission filers)	
JOHN C			•	٠.	
4	AL OF UNITEMIZED LOANS: □	\$ \$ \$	ಧ ಏ	\$	
5 Date of loan	7 Name of lender o	ut of state PAC	- · · · · · · · · · · · · · · · · · · ·	9 Loan Amount ((\$)
28JAN 98	First USA Visa			\$ 650	.00
8 Lender address: City: State. Zip Code financial Institution? P.O. Box 740115 Atlanta, Georgia 30374			•••••	10 Interest rate //. /5	
				11 Matunty date Recipion	<i>{ S</i>
12 Lender's Principal Oc Credit Can		13 Lender's Job Title			
14 Lender's Employer/La	w Frim	15 Law Firm of lender's	s spouse (if any)		
16 If lender is child, law t	irm of parent(s) (if any)	, , , , , , , , , , , , , , , , , , ,			
17 Description of Collate	ral				
none	·				
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guara	nteed (\$)
not applicable	John C. D Drolla Jr 20 Guarantor address: City. State: Zip Ci 2005 S. Cak Canyon Acad Austin, Texas 78746			\$650.	C C
22 Guarantor's Principal Attorney	Occupation	23 Guarantor's Job Title			
24 Guarantor's Employer	Klaw Frim Bohn C. D. Drolb, Jr	25 Law Firm of guarant	or's spouse (if any)		
26 If guarantor is child, la N∫A-	w firm of parent(s) (if any)	1			

POLITIC EXPEN	SCHEDULE F			
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule F		
2 FILER NAME	HNC.D.DBOLLA, JR		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name FIVST USA VISA	***		7 Amount (\$)
to	6 Payee address; City, State, Zip Code P.C. Bcx 74 C115			\$58.78
	Atlanta, Georgia 30374		•	
8 Purpose of exp		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held		
Inte	rest			
Date	Payee name			Amount (\$)
3PARM OI	Payee address. City. State: Zip Code P. O. Boy 3182		· · · · · · · · · · · · · · · · · · ·	94.95
	Austin, Texas 78764		_	
Purpose of ex	penditure	Complete if direct exp Candidate / Officeholder		fit C/OH Office sought / held
Cour	ler Serulċ♪			
Date	Payee name			Amount (\$)
29JAN98	Auster Printing - Mail Payee address. City. State: Zip Code 521 W. 3nd Street Austin, Toxas 78761			91,064.15
Purpose of ex	penditure	Complete if direct exp		fit C/OH ·· Office sought / held
mailing	services (disputed item)			·
Date	Payee name			Amount
28JBN98	Austex Printing + Mailing Payee address: City, State: Zip Code			\$ 650.00
	Austin, Texas 78701	_ ·		
Purpose of ex		Complete if direct exp		efit C/OH Office sought / held
Mailin	s Services			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED	

LOANS (JUDICIAL)	SCHEDULE E (J)				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E(J): 2 of 3				
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)				
JOHN C. D. DAGLA, JR					
TOTAL OF UNITEMIZED LOANS: ⇒					
	of state PAC 9 Loan Amount (S)				
29JAN9E FIRST USAVISA	1,064.15				
6 is lender a financial institution? R Lender address: City: State. Zip Co	10 Interest rate 11.15/0				
Atlanta, Georgia 300	11 Matunty date				
12 Lender's Principal Occupation	neveluins				
Credit Card Services	13 Lender's Job Title				
14 Lender's Employer/Law Frim	15 Law Firm of lender's spouse (if any)				
16 If lender is child, law firm of parent(s) (if any) N 日					
17 Description of Collateral					
none					
18 GUARANTOR INFORMATION John C. D. Drolla, Jr	21 Amount Guaranteed (\$)				
20 Guarantor address: City. State: Zip Co 2005 South Cak Canyon R Austin, Tokas 76746	cad 1,064.				
22 Guarantor's Principal Occupation	23 Guarantor's Job Title				
HHorney	Attorney				
haw Offices of John C. D. Droib, Jr	25 Law Firm of guarantor's spouse (if any) ルーム・				
26 If guarantor is child, law firm of parent(s) (if any)					

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Gui	idule E(J):				
2 FILER NAME			3 ACCOUNT # (Est	nics Commission filers)	
JOHN 4	•				
тотл	\$				
5 Date of loan	Date of loan 7 Name of lender			9 Loan Amount (\$)	
	15JAN → 15JUA98 Jehn C. D. Drolla, Jr			#300.00	
6 is lender a financial institution?	financial institution? 2005 South Can Canon Acad			10 interest rate	
4 (N) Austin, Texas 78746			÷	11 Matumy date 31 DEC96	
12 Lender's Principal Occupation 13 Lender's Job Title A Horney					
14 Lender's Employer/Li) aw Frim	AHerney			
How Offices ch Jum C. D. Drollo, Jr			's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any) N ↑					
17 Description of Collateral					
none					
18 GUARANTOR INFORMATION	19 Name of guarantor	·		21 Amount Guaranteed (\$)	
not applicable 20 Guarantor address: City, State, Zip Code					
22 Guarantor's Principal	Occupation	23 Guarantor's Job Tit	ie .		
24 Guarantor's Employe	r/Law Frim	25 Law Firm of guarantor's spouse (if any)			
26 If guarantor is child, la	aw firm of parent(s) (if any)				

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guios explains how to complete this form.	1 Total pages Schedule F:
JOHN C. D. DACLLA, JR	3 ACCOUNT# (Ethics Commission filers)
John Hernandes 14APA9E 6 Payee address: City, State: Zip Code 201 Barton Springs Acad Austin, Temps 72704	7 Amount (\$) \$ 55,00
8 Purpose of expenditure Hispanic Chamben of Commerce Advertisins Cadidacy	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name ISTAW98 how Offices of John C. D. Dro to Payee address: City. State: Zip Code 1572.98 512 East Riverside Drive, Swith Austin, Tops 78764	300.00
Purpose of expenditure File maintenance, supplies, copies, telebra, etc.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name Payee address: City, State: Zip Code	Amount (\$)
Purpase of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officenoider name Office sought / held
Date Payee name Payee address; City; State; Zip Cod	Amount (\$)
Purpose of expenditure	→ Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought / held

	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
The Instruction	The Instruction Guide explains how to complete this form.				
2 FILER NAM	FILER NAME 3 ACCOUNT # (E) JOHN C. D. DROLLA JR				
4 Date	5 Payee name See Schedule E (T) 6 Payee address. City: State; Zip Code		8 Amount (\$)		
·	7 Purpose of expenditure		Reimbursement from political contributions intended		
Date	Payee name Payee address. City, State, Zip Code		Amount (\$)		
	Purpose of expenditure		Reimbursement from political contributions intended		
Date	Payee name Payee address: City; State, Zip Code		Amount (\$)		
	Purpose of expenditure		Reimbursement from political contributions intended		
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure		Amount (\$) Reimbursement from		
			political contributions intended		
Date	Payee name Payee address: City; State; Zip Code		Amount (\$)		
	Purpose of expenditure		Reimbursement from political contributions intended		
	ATTACH ADDITIONAL COPIES OF THIS F	FORM AS NEEDED			

	PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH					
	The Iнstruction	Guide explains how to complete this form.		1 Total pages Sche	idule H.	
2	FILER NAME	C.D. DAGLLA, JA		3 ACCOUNT # (Ett	·- 	
4	Date	5 Business name None 6 Business address; City; State: Zip Code			7 Amount (\$)	
8	Purpose of page	yment	9 Complete Candidate / Officer	e if direct expenditure nolder name	to benefit C/OH Office sought / held	
	Date	Business name Business address; City: State: Zip Code			Amount (\$)	
	Purpose of pay	yment .	Complete Candidate / Officer	elf direct expenditure t noider name	to benefit C/OH Office sought / held	
	Date	Business name Business address: City; State; Zip Code			Amount (\$)	
	Purpose of pa	yment	⊷ Complete Candidate / Officer	e if direct expenditure i noider name	i ta benefit C/OH Office sought / held	
	Date	Business name Business address: City; State; Zip Code			Amount (\$)	
	Purpose of pa		Candidate / Officer		to benefit C/OH Office sought / held	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

CREDIT	'S (optional)		SCHEDULE K
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule	K:
2 FILER NAME		3 ACCOUNT # (Ethics C	ommission filers)
WHST	C. D. DACLLA, JR		
4 Date	5 Payor name None. 6 Payor address; City; State; Zip Code	8	Amount (\$)
	7 Reason for credit		
Date	Payor name Payor address: City; State, Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address: City; State: Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name		Amount
	Payor address; City; State; Zip Code		(\$)
	Reason for credit		
Date	Payor name Payor address: City; State; Zip Code		Amount (\$)
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

	OUTSTAN	DING LOANS		•	SCHE	OULE L
	The Instruction Guil	DE explains how to complete t	this form.		1 Total pages Schedule L.	
2	FILER NAME JOHN	C.D. DAOLLA,	TR.		3 ACCOUNT # (Ethics Commission)	n filers)
	LENDER INFORMATION	4 Name of lender				
		_	City;	State;	Zip Code	•••••
		P.O.Box 740	115 Atlan	rta Georgia	36374	'
	GUARANTOR INFORMATION	6 Name of guarantor	_			
		John C. D. I	orcibi Jr-	State;	Zip Code	••••••
	not applicable	2005 South Oak	r Guyon Acad	Austin, Te	205 78746	
	LENDER INFORMATION	Name of lender				
		Lender address	City;	State:	Zip Code	• • • • • • • • • • • • • • • • • • • •
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State;	Zip Code	
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zip Code	• • • • • • • • • • • • •
	•		-		• 1%	
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address:	City;	State;	Zip Code	•••••
	LENDER INFORMATION	Name of lender				
		Lender address;	City;	State;	Zip Code	• • • • • • • • • • • • • • • • • • •
	GUARANTOR INFORMATION	Name of guarantor				
	not applicable	Guarantor address;	City;	State:	Zip Code	
		ATTACH ADD	ITIONAL COPIES C	F THIS FORM AS N	EEDED	

	ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
	The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule M
2	JOHN C. D. DAGLLA, JR	3 ACCOUNT # (Ethics Commission filers)
4	Description of Asset Nane	
	Description of Asset	•
	Description of Asset	
l	ATTACH ADDITIONAL COPIES OF THIS FORM AS N	EEDED

FILED JUL 17 10 38 AH 198



VIA HAND DELIVERY

Travis County Courthouse Attn: Dana DeBeauvoir Travis County Clerk Election Division 2nd Floor, Rm 222 Austin, Texas 78701

Candidate/Officeholder Sworn Report of Contributions and Expenditures

Due Date: July 15, 1996

Candidate: John C. D. Drolla, Jr.

Office Sought: Judge, 261st Judicial District Court, Travis County, Texas

Dear Ms. DeBeauvoir:

RE:

This letter is to serve as an attachment to the hereinabove referenced report to explain my inadvertent failure to file said report on or before July 15, 1998.

During July of 1998, my Campaign Treasurer's wife has continued to have health problems. I was out of town either on litigation matters and/or speaking engagements for the State Bar of Texas Appraisal Development Program. Only two weeks ago was I able to find a dependable legal assistant. My part time employee who handled my campaign files, also was ill during the first two weeks of July, 1998, and fell behind. I, myself, was not able to complete the report until Thursday, July 16, 1998.

Should you or any of your staff members have any questions that need to be answered, please feel free to call upon my.

rv trulv vours.

Candidate - 261st Judicial District Court

of Travis County, Texas

JD/rf

dc:

Enclosures

Mr. Ernest Garcia

File

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512 East Riverside Drive, Suite 105 • Austin, Texas 78704 • Office (512) 445-6838 • Fax (512) 445-0077